| | C | Case 20-11395-ar | nc Doc | 14-3 | Filed 0 | 3/18/20 | | 8/20 19:22:46 | Desc | |
|-----------------------------------|---|--|--|--|--|---|---|---|--|-------------------------------------|
| Fi | II in this i | nformation to identify ye | our case: | | | | L of 6 | | | |
| De | ebtor 1 | Rosemary Blair First Name | Middle Name | | Last Name | | | | | |
| | ebtor 2 | | Middle Name | | Last Name | | | | | |
| | pouse, if filing | | Middle Name | | Last Name | | | | | |
| Uı | nited States | Bankruptcy Court for the: E | astern District of | of Penns | sylvania | lacksquare | | | ☐ Check | c if this is an |
| | ase numbei known) | 20-11395 | | | _ | | | | | ded filing |
| O | fficial | Form 106E/F | | | | | | | | |
| S | ched | ule E/F: Cred | ditors V | Vho | Have | Unsec | cured Clair | ns | | 12/15 |
| List A/E cre- nee any | t the othe d: Propert ditors witeded, cop addition | ete and accurate as pos r party to any executory y (Official Form 106A/B) h partially secured clain y the Part you need, fill i al pages, write your nan ist All of Your PRIOR | contracts or of and on Scheon sthat are list it out, number ne and case no | unexpir dule G: ed in So the ent umber (| ed leases th Executory C chedule D: (ries in the b if known). | at could res Contracts and Creditors Wh | ult in a claim. Also li d Unexpired Leases (no Have Claims Secu | ist executory conti (Official Form 1060 <i>red by Property</i> . If | racts on Sc 3). Do not in more space | <i>hedule</i> nclude any e is |
| 1. | _ | reditors have priority un to Part 2. | secured claim | ıs agair | nst you? | | | | | |
| | Yes. | | | | | | | | | |
| | each clair nonpriorit unsecure | f your priority unsecured in listed, identify what type y amounts. As much as pood claims, fill out the Continual explanation of each type of | e of claim it is. It ossible, list the nuation Page of | f a claim claims i Part 1. | n has both pri n alphabetica If more than | ority and non al order accor one creditor | priority amounts, list the ding to the creditor's rholds a particular clair | hat claim here and s name. If you have m | show both poore than two | riority and o priority |
| | (1 21 211 21 | | , | | | | , | | Priority amount | Nonpriority amount |
| 2.1 | Intern | al Revenue Service | | Last | 4 digits of a | ccount numb | er | \$_10,279.44 \$ | 8,195.00 | \$ |
| | Priority Cre | editor's Name 7346 | | | • | bt incurred? | | | | |
| | Number | Street | | | | | | | | |
| | Philad | lelphia PA | 19101 | | - | u file, the cla | im is: Check all that appl | ly. | | |
| | City | State | ZIP Code | | Contingent Jnliquidated | | | | | |
| | Who ind | curred the debt? Check one or 1 only | 9. | | Disputed | | | | | |
| | Debt | • | | Туре | e of PRIORIT | ΓY unsecure | d claim: | | | |
| | | or 1 and Debtor 2 only | | | Domestic supp | ort obligations | | | | |
| | | ast one of the debtors and and concept if this claim is for a con | | | | | you owe the government | t | | |
| | | aim subject to offset? | illiullity debt | | Claims for deat ntoxicated | h or personal in | njury while you were | | | |
| | ☐ No ☐ Yes | ann subject to onset: | | | Other. Specify | | | _ | | |
| 2.2 | | outh Township Sewei | r Dept | Last | 4 digits of a | ccount numb | er | s 1,150.00 s | 1,150.00 | 9 |
| | - | editor's Name elvoir Road | • | | _ | bt incurred? | | Ψ Ψ | | . Ψ |
| | Number | Street | | Δς 0 | of the date vo | u file the cla | im is: Check all that appl | lv | | |
| | Plymo | outh Mtg PA | 19462 | _ | Contingent | a me, me ola | iii is. Oncok ali tilat appi | ·y· | | |
| | City | State | ZIP Code | _ | Jnliquidated | | | | | |
| | _ | curred the debt? Check one | €. | | Disputed | | | | | |
| | Debt | * | | Туре | e of PRIORIT | ΓY unsecure | d claim: | | | |
| | Debt | or 2 only or 1 and Debtor 2 only | | | Domestic supp | ŭ | | | | |
| | | ast one of the debtors and and | other | | | | you owe the government | t | | |
| | ☐ Che | ck if this claim is for a cor | nmunity debt | i | ntoxicated | • | njury while you were | | | |
| | Is the cl ✓ No | aim subject to offset? | | | Other. Specify | Sewer | | _ | | |

☐ Yes

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| r listing any entries on this page, number then | n beginning with 2.3, followed by 2.4, and so forth. | Total claim | Priority amount | Nonprio amount |
|---|---|-------------|--------------------|-------------------|
| Colonial School District Priority Creditor's Name | Last 4 digits of account number | \$_1,800.00 | \$ <u>1,800.00</u> | \$ |
| 700 Belvoir Road | When was the debt incurred? | | | |
| Number Street | | | | |
| | As of the date you file, the claim is: Check all that apply. | | | |
| Plymouth Mtg PA 19462 | Contingent | | | |
| City State ZIP Code | Unliquidated | | | |
| Who incurred the debt? Check one. | ☐ Disputed | | | |
| ☑ Debtor 1 only | Type of PRIORITY unsecured claim: | | | |
| Debtor 2 only | Domestic support obligations | | | |
| Debtor 1 and Debtor 2 only | Taxes and certain other debts you owe the government | | | |
| At least one of the debtors and another | ☐ Claims for death or personal injury while you were | | | |
| ☐ Check if this claim is for a community debt | intoxicated | | | |
| | Other. Specify | | | |
| Is the claim subject to offset? | | | | |
| ☑ No ☐ Yes | | | | |
| | | | | |
| | Last 4 digits of account number | \$ | \$ | \$ |
| Priority Creditor's Name | | | | |
| Number Street | When was the debt incurred? | | | |
| | As of the date you file, the claim is: Check all that apply. | | | |
| | | | | |
| City State ZIP Code | ☐ Contingent☐ Unliquidated | | | |
| City State ZIP Code | ☐ Disputed | | | |
| Who incurred the debt? Check one. | | | | |
| Debtor 1 only | Type of PRIORITY unsecured claim: | | | |
| Debtor 2 only | ☐ Domestic support obligations | | | |
| Debtor 1 and Debtor 2 only | ☐ Taxes and certain other debts you owe the government | | | |
| At least one of the debtors and another | ☐ Claims for death or personal injury while you were | | | |
| ☐ Check if this claim is for a community debt | intoxicated Other, Specify | | | |
| Is the claim subject to offset? | — Onto Openiny | | | |
| | | | | |
| Yes | | | | |
| | | • | • | • |
| Priority Creditor's Name | Last 4 digits of account number | \$ | \$ | \$ |
| | When was the debt incurred? | | | |
| Number Street | | | | |
| | As of the date you file, the claim is: Check all that apply. | | | |
| | ☐ Contingent | | | |
| City State ZIP Code | ☐ Unliquidated | | | |
| Who incurred the debt? Check one. | ☐ Disputed | | | |
| Debtor 1 only | Type of PRIORITY unsecured claim: | | | |
| Debtor 2 only | | | | |
| Debtor 1 and Debtor 2 only | Domestic support obligationsTaxes and certain other debts you owe the government | | | |
| ☐ At least one of the debtors and another | ☐ Claims for death or personal injury while you were | | | |
| ☐ Check if this claim is for a community debt | intoxicated Other. Specify | | | |
| Is the claim subject to offset? | | | | |
| □ No | | | | |
| ☐ Yes | | | | |

Part 2: List All of Your NONPRIORITY Unsecured Claims

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| WYS ProfesY/ | - June Calar | | 1 11CG 03/2 | 10/20 | |
|--------------|--------------|---------------|-------------|-------|-----------------------------------|
| rtoscinary | Dian | Cab | | Dogo | a Gaze number (if known) 20 11000 |
| First Name | Middle Name | Last Name SCI | ieuuie E/F | Page | 3 Of 6 |

| 3. | Do any creditors have nonpriority uns ☐ No. You have nothing to report in thi ☑ Yes | | | | | | | |
|-----|---|--|--|---|------------|------------|--|--|
| 4. | nonpriority unsecured claim, list the cred | ditor separa litor holds a | ately for each clair | order of the creditor who holds each claim. If a creditor has n. For each claim listed, identify what type of claim it is. Do not list the other creditors in Part 3.If you have more than three no | list clair | ms already | | |
| | | | | | Total | claim | | |
| 4.1 | T-Mobile | | | Last 4 digits of account number | | 4 507 04 | | |
| | Nonpriority Creditor's Name | | | | \$ | 1,507.04 | | |
| | 4515 N. Sante Fe Ave. | | | When was the debt incurred? | | | | |
| | Number Street Oklahoma City | OK | 73118 | | | | | |
| | City | State | ZIP Code | As of the date you file, the claim is: Check all that apply. | | | | |
| | | | | ☐ Contingent | | | | |
| | Who incurred the debt? Check one. Debtor 1 only | | ☐ Unliquidated | | | | | |
| | | | ☐ Disputed | | | | | |
| | ☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only | | | Type of NONPRIORITY unsecured claim: | | | | |
| | At least one of the debtors and another | | | Student loans | | | | |
| | | عاما ما ماء | | Obligations arising out of a separation agreement or divorce | | | | |
| | ☐ Check if this claim is for a community debt | | that you did not report as priority claims | | | | | |
| | Is the claim subject to offset? ☑ No | | | ☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Other. Specify Wireless Service | | | | |
| | ☑ No ☐ Yes | | | Cities. Specify Will Global Got Vice | | | | |
| | 1- 0:: | | | | | 4,738.50 | | |
| 4.2 | Tea Olive Nonpriority Creditor's Name | | | Last 4 digits of account number When was the debt incurred? | \$ | 1,7 00.00 | | |
| | POB 1931 | | | when was the dept incurred: | | | | |
| | Number Street | | | - | | | | |
| | Burlingame | CA | 94011 | As of the date you file, the claim is: Check all that apply. | | | | |
| | City | State | ZIP Code | Contingent | | | | |
| | Who incurred the debt? Check one. | | | ☐ Unliquidated☐ Disputed | | | | |
| | Debtor 1 only | | | ■ Disputed | | | | |
| | ☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only | | | Type of NONPRIORITY unsecured claim: | | | | |
| | ☐ At least one of the debtors and another | | | ☐ Student loans | | | | |
| | ☐ Check if this claim is for a commur | nity deht | | Obligations arising out of a separation agreement or divorce | | | | |
| | Is the claim subject to offset? | my dobt | | that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts | í | | | |
| | No | | | ✓ Other. Specify credit card ✓ Other. Specify card ✓ Oth | | | | |
| | ☐ Yes | | | | | | | |
| 4.3 | PRA | | | Last 4 digits of account number | | 10,000.00 | | |
| | Nonpriority Creditor's Name | | | When was the debt incurred? | \$ | 10,000.00 | | |
| | POB 41067 Number Street | | | - | | | | |
| | Norfolk | VA | 23541 | | | | | |
| | City | State ZIP Code As of the date you file, the claim is: Check all that app | | | | | | |
| | Who incurred the debt? Check one. | | | Contingent | | | | |
| | ☑ Debtor 1 only | | | ☐ Unliquidated☐ Disputed | | | | |
| | Debtor 2 only | | | | | | | |
| | | Debtor 1 and Debtor 2 only | | Type of NONPRIORITY unsecured claim: | | | | |
| | At least one of the debtors and another | | | ☐ Student loans | | | | |
| | ☐ Check if this claim is for a commun | nity debt | | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | | | | |
| | Is the claim subject to offset? | | | Debts to pension or profit-sharing plans, and other similar debts | i | | | |
| | ☑ No ☐ Yes | | | ☑ Other. Specify <u>credit cards</u> | | | | |
| | _ 103 | | | | | | | |

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First Name Middle Name Schedule E/F Page 4 of 6 mumber (if known) 20-11395

| rtoscinary | Dian |
|------------|-------------|
| First Name | Middle Name |

Desc

Part 2:

Your NONPRIORITY Unsecured Claims - Continuation Page

| Afte | er listing any entries on this page, number then | n beginning with | 4.4, followed by 4.5, and so forth. | Total claim |
|------|---|------------------|--|-------------------------|
| 4.4 | Simmons Bank | | Last 4 digits of account number | _{\$} 2,512.19 |
| | Nonpriority Creditor's Name POB 6609 | | When was the debt incurred? | |
| | Number Street Pine Bluff AZ | 71611 | As of the date you file, the claim is: Check all that apply. | |
| | City State Who incurred the debt? Check one. | ZIP Code | ☐ Contingent☐ Unliquidated☐ Disputed☐ | |
| | Debtor 1 only Debtor 2 only | | Type of NONPRIORITY unsecured claim: | |
| | ☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another | | Student loansObligations arising out of a separation agreement or divorce that | |
| | ☐ Check if this claim is for a community debt | | you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts | |
| | Is the claim subject to offset? ✓ No ✓ Yes | | ✓ Other. Specify_credit card | |
| 1.5 | Jefferson Law | | Last 4 digits of account number | \$_1,053.00 |
| | Nonpriority Creditor's Name 1735 Market St. Ste. 3750 | | When was the debt incurred? | |
| | Number Street | 19103 | As of the date you file, the claim is: Check all that apply. | |
| | Philadelphia PA City State | ZIP Code | Contingent | |
| | Who incurred the debt? Check one. ✓ Debtor 1 only | | ☐ Unliquidated☐ Disputed | |
| | Debtor 2 only Debtor 1 and Debtor 2 only | | Type of NONPRIORITY unsecured claim: | |
| | At least one of the debtors and another | | Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| | ☐ Check if this claim is for a community debt Is the claim subject to offset? ☑ No | | Debts to pension or profit-sharing plans, and other similar debts Other. Specify legal services | |
| 1.6 | Yes | | Last 4 digits of account number | _{\$} 15,118.85 |
| | Discover Bank Nonpriority Creditor's Name POB 3025 | | When was the debt incurred? | |
| | Number Street Albany OH | 43054 | As of the date you file, the claim is: Check all that apply. | |
| | City State | ZIP Code | ☐ Contingent ☐ Unliquidated | |
| | Who incurred the debt? Check one. Debtor 1 only | | ☐ Disputed | |
| | ☐ Debtor 2 only ☐ Debtor 1 and Debtor 2 only | | Type of NONPRIORITY unsecured claim: Student loans | |
| | At least one of the debtors and another | | Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| | ☐ Check if this claim is for a community debt Is the claim subject to offset? ☐ No. | | ☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Other. Specify <u>Credit card</u> | |
| | ☑ No □ Yes | | | |

Part 3: List Other

List Others to Be Notified About a Debt That You Already Listed

| | | | | On which entry in Bort 1 or Bort 2 did you list the existing and its-0 |
|---------|--------|-------|----------|---|
| Name | | | | On which entry in Part 1 or Part 2 did you list the original creditor? |
| | | | | Line of (Check one): Part 1: Creditors with Priority Unsecured Claims |
| Number | Street | | | ☐ Part 2: Creditors with Nonpriority Unsecured Claim |
| | | | | Last 4 digits of account number |
| City | | State | ZIP Code | |
| | | | | On which entry in Part 1 or Part 2 did you list the original creditor? |
| Name | | | | Line of (Check one): Part 1: Creditors with Priority Unsecured Claims |
| Number | Street | | | ☐ Part 2: Creditors with Nonpriority Unsecured |
| | | | | Claims |
| City | | State | ZIP Code | Last 4 digits of account number |
| lome | | | | On which entry in Part 1 or Part 2 did you list the original creditor? |
| Name | | | | Line of (Check one): Part 1: Creditors with Priority Unsecured Claims |
| Number | Street | | | Part 2: Creditors with Nonpriority Unsecured |
| | | | | Claims |
| City | | State | ZIP Code | Last 4 digits of account number |
| | | | | On which entry in Part 1 or Part 2 did you list the original creditor? |
| Name | | | | Line of (Check one): Part 1: Creditors with Priority Unsecured Claims |
| Number | Street | | | □ Part 2: Creditors with Nonpriority Unsecured |
| | | | | Claims |
| City | | State | ZIP Code | Last 4 digits of account number |
| | | | | On which entry in Part 1 or Part 2 did you list the original creditor? |
| Name | | | | |
| Number | Street | | | Line of (Check one): Part 1: Creditors with Priority Unsecured Claims |
| Turnoci | | | | Part 2: Creditors with Nonpriority Unsecured Claims |
| 2:4 | | | 700 | Last 4 digits of account number |
| City | | State | ZIP Code | On which entry in Part 1 or Part 2 did you list the original creditor? |
| Name | | | | |
| Number | Street | | | Line of (Check one): Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured |
| | | | | Claims |
| 0 | | | | Last 4 digits of account number |
| City | | State | ZIP Code | |
| Name | | | | On which entry in Part 1 or Part 2 did you list the original creditor? |
| Number | Street | | | Line of (Check one): Part 1: Creditors with Priority Unsecured Claims |
| | | | | Part 2: Creditors with Nonpriority Unsecured Claims |
| | | | | Last 4 digits of account number |
| City | | State | ZIP Code | Last + digits of account number |

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Last Name Schedule E/F Page 6 of 6 enumber (if known) 20-11395 Case 20-11395-amc

Part 4:

Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. § 159. Add the amounts for each type of unsecured claim.

| | | | Total claim |
|--------------|---|-----|---------------|
| Total claims | 6a. Domestic support obligations | 6a. | \$ |
| from Part 1 | 6b. Taxes and certain other debts you owe the government | | \$13,229.44 |
| | 6c. Claims for death or personal injury while you were intoxicated | 6c. | \$ |
| | 6d. Other. Add all other priority unsecured claims. Write that amount here. | 6d. | + \$ |
| | 6e. Total. Add lines 6a through 6d. | 6e. | \$13,229.44 |
| | | | Total claim |
| Total claims | 6f. Student loans | 6f. | \$ |
| from Part 2 | 6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims | 6g. | \$ |
| | 6h. Debts to pension or profit-sharing plans, and other similar debts | 6h. | \$ |
| | | | |
| | Other. Add all other nonpriority unsecured claims. Write that amount here. | 6i. | + \$45,322.30 |